

HFP Proposed 90-day Notice

Family Member Number: FMN

DATE

HOH\_NAME

ADDR\_LINE\_1

ADDR\_LINE\_2

CITY, STATE ZIP



Dear Applicant:

**Please read this letter for important information about your child's Healthy Families coverage.**

On <insert date> your child's coverage in the Healthy Families Program will be moved to the Medi-Cal Program. **Your child will not lose any health, dental or vision coverage.**

**Medi-Cal coverage includes all the benefits of Healthy Families coverage.** The following shows your current Healthy Families plans and the name of your new Medi-Cal plan or delivery system.

**Healthy Families Program plan**

<insert Health plan name>

<insert Dental plan name>

<insert Vision plan name>

**New Medi-Cal plan/delivery system**

<insert Medi-Cal plan name or "Fee for Service">

<insert Medi-Cal plan name or "Fee for Service">

Vision services are provided through your child's Health coverage.

**Important reminders before your child moves to Medi-Cal:**

1. Pay your Healthy Families premiums every month.
2. Send us your new address if you move and tell us if you change phone numbers.
3. Watch your mailbox for more letters about your child's move to Medi-Cal.
4. Respond to letters about your Annual Eligibility Review. To make sure there is no break in services you must complete your Annual Eligibility Review by sending all required papers to the Healthy Families Program. Your annual renewal date will not change.

Please read the Frequently Asked Questions on the next page and visit our website at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov).

If you have questions about Healthy Families or believe you received this notice in error, call **1-866-848-9166**, Monday to Friday, 8 a.m. to 8 p.m. or Saturday, 8 a.m. to 5 p.m. The call is free.

Sincerely,  
Healthy Families Program

## **FREQUENTLY ASKED QUESTIONS ABOUT THE HEALTHY FAMILIES PROGRAM MOVE TO MEDI-CAL**

### **1. What Do I Have To Do Now?**

Until your child's coverage has changed to Medi-Cal, your child will continue to receive coverage through Healthy Families. To make sure your Healthy Families coverage continues until the change to Medi-Cal, you must make your monthly Healthy Families premium payments, respond to your Annual Eligibility Review and notify the Healthy Families Program of any address or phone number change. Health-e-App, the on-line Healthy Families Program Application, is available for you to submit your Annual Eligibility Review, program reviews, and continued enrollment requests. The Health-e-App website is [www.healtheapp.net](http://www.healtheapp.net).

### **2. What is Medi-Cal?**

The Medi-Cal Program is California's Medicaid program. It provides medical, dental, mental health and vision benefits to families.

### **3. Will I pay premiums for my child in Medi-Cal?**

It depends on your income. Some families may not have to pay premiums to Medi-Cal. Some higher income families may pay monthly premiums of \$13 for each child, up to a maximum of \$39 for all children in a family.

### **4. Is the Healthy Families Program Open for Enrollment Right Now?**

Yes. Health-e-App, the on-line Healthy Families Program Application, is still available for new applications. The Health-e-App website is [www.healtheapp.net](http://www.healtheapp.net). To request a paper application or to start an application over phone call: 1-800-880-5305. The Healthy Families Program continues to process plan transfer requests, monthly premium payments, Annual Eligibility Reviews, and enrollment of infants whose mother is enrolled in the Access for Infants and Mothers Program.

### **5. Can I Change My Child's Medi-Cal Health Plan or Doctor?**

DHCS response.

### **6. Who Do I Talk to About My Child's Medications?**

DHCS response.

### **7. How Does My Child Continue to Receive Autism Services?**

DHCS response.

### **8. How Does My Child Continue to Receive Mental Health, Drug and Alcohol Services?**

DHCS response.

### **9. How Does My Child Continue to Receive Dental Services?**

DHCS response. The following is variable text specific to each family.

<insert information specific to family residents of Los Angeles County>

<insert information specific to family residents of Sacramento County>

<insert information specific to family residents of Fee For Service Counties and include a separate FAQ: "What is Fee For Service?">

### **10. Will My Child Continue in the Same Vision Plan?**

The Medi-Cal Program will continue to provide vision services through Medi-Cal Health Plans and Medi-Cal doctors.